

SECTION 14

PRIOR AUTHORIZATION

Providers are required to seek prior authorization for certain specified services **before** delivery of the services. In addition to services that are available through the traditional MO HealthNet Program, expanded services are available to children 20 years of age and under through the Healthy Children and Youth (HCY) Program. Some expanded services also require prior authorization.

The following general guidelines pertain to all prior authorized services.

- A Prior Authorization (PA) Request **must** be completed and mailed to: Infocrossing Healthcare Services, Inc., P.O. Box 5700, Jefferson City, MO 65102. Providers should keep a copy of the original PA Request form, as the form is not returned to the provider.
- The provider performing the service **must** submit the PA Request form. Sufficient documentation or information **must** be included with the request to determine the medical necessity of the service.
- The service **must** be ordered by a physician, nurse practitioner, dentist, or other appropriate health care provider.
- Do **not** request prior authorization for services to be provided to an ineligible person. Authorization considers medical necessity only and does not examine eligibility.
- Expanded HCY (EPSDT) services are limited to recipients 20 years of age and under and are **not** reimbursed for recipients 21 and over even if prior authorized.
- Prior authorization does **not** guarantee payment if the recipient is or becomes enrolled in managed care and the service is a covered benefit.
- Payment is **not** made for services initiated before the approval date on the PA Request form or after the authorization deadline. For services to continue after the expiration date of an existing PA Request, a new PA Request **must** be completed and mailed.

Whether the prior authorization is approved or denied, a disposition letter will be returned to the provider containing all of the detail information related to the prior authorization request. Any other documentation submitted with the prior authorization request will not be returned with the exception of x-rays and dental molds. All requests for changes to an approved prior authorization should be indicated on the disposition letter and submitted to the same address as the original prior authorization request.

Instructions for completing the PA Request form are found in Section 8 of the MO HealthNet *Provider's Manual* available on the Internet at www.dss.mo.gov/mhd/providers/index.htm.

PROCEDURES REQUIRING A PRIOR AUTHORIATION

The following procedure codes require a *Prior Authorization Request* form.

11920	15838	19364	21127-62	50547-50	67903
11920-EP	15839	19364-50	21188	50547-62	67903-50
11921	15847	19366	21194	50547-6250	67903-62
11921-EP	15847-62	19366-50	21230	54152	67903-6250
11922-EP	17999-EP	19367	21235	54161	67904
11960	19316	19367-50	21260	54162	67904-50
11970	19316-50	19368	21260-62	54163	67904-62
11971	19318	19368-50	21261	54164	67904-6250
15780	19318-50	19369	21261-62	56805	67906
15781	19324	19369-50	21720	56805-62	67906-50
15782	19324-50	19370	21725	57335	67908
15786	19325	19370-50	21725-62	57335-62	67908-50
15787	19325-50	19371	26580	58345	67909
15810	19328	19371-50	26590	58345-50	67909-50
15820	19328-50	19380	43644	58345-62	67923
15820-50	19330	19380-50	43645	58345-6250	67923-50
15821	19330-50	20974	43659	65767	67924
15821-50	19340	21086	43659-50	65767-50	67942-50
15822	19340-50	21086-50	43770	65780	69300
15822-50	19342	21087	43843	65780-50	69300-50
15823	19342-50	21088	43843-62	67782	69949-EP
15823-50	19350	21120	43845	65782-50	
15831	19350-50	21120-62	43846	67900	
15832	19355	21121	43846-62	67901	
15833	19355-50	21122	43847	67901-50	
15834	19357	21123	43847-62	67902	
15835	19357-50	21123-62	43848	67902-50	
15836	19361	21125	43848-62	67902-62	
15837	19361-50	21127	50547	67902-6250	